

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Extendacare, Inc. d/b/a Medistaf Health & Research
Name of Petitioner
Date Signed 10/18/07

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Lanny Ballard
646 Main Street
Port Jefferson, NY 11777

x _____
Signature of Attorney
Date 10/12

Name of Attorney Firm (If any)

Address

Telephone No.

x _____
Signature of Petitioner or Representative (State title)
Kimberly Papenfuss
Name of Petitioner
Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Kimberly Papenfuss
9804 Bay Hill Drive
Louisville, KY 40223

x _____
Signature of Attorney
Date

Name of Attorney Firm (If any)

Address

Telephone No.

x _____
Signature of Petitioner or Representative (State title)
Carolyn Bell
Name of Petitioner
Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Carolyn Bell
101 Oxford Hills Place
Chapel Hill, NC 27514

x _____
Signature of Attorney
Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. | | Total Amount of Petitioners' Claims |

continuation sheets attached

Official Form 5 (10/06) – Cont.

Care Biopharma, LLC
Name of Debtor
Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

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x _____
Signature of Petitioner or Representative (State title)
Extendacare, Inc. d/b/a Medistaf Health & Research
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Lanny Ballard
646 Main Street
Port Jefferson, NY 11777

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Kimberly Papenfuss
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Kimberly Papenfuss
9804 Bay Hill Drive
Louisville, KY 40223

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x Carolyn Bell
Signature of Petitioner or Representative (State title)
Carolyn Bell 10/20/07
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Carolyn Bell
101 Oxford Hills Place
Chapel Hill, NC 27514

x [Signature] 11/12/07
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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continuation sheets attached

Official Form 5 (10/06) – Cont.

Care Biopharma, LLC
Name of Debtor
Case No. _____

TRANSFER OF CLAIM

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x _____
Signature of Petitioner or Representative (State title)
Extendacare, Inc. d/b/a Medistaf Health & Research
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Lanny Ballard
646 Main Street
Port Jefferson, NY 11777

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x *Kimberly Papenfuss*
Signature of Petitioner or Representative (State title)
Kimberly Papenfuss
Name of Petitioner _____ Date Signed *01 Nov 2007*
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Kimberly Papenfuss
9804 Bay Hill Drive
Louisville, KY 40223

x *[Signature]* *11/12/07*
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Carolyn Bell
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Carolyn Bell
101 Oxford Hills Place
Chapel Hill, NC 27514

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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continuation sheets attached

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC
Name of Debtor
Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Blum & Associates of Clearwater, Inc.
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Diane Blum
195 Devon Drive
Clearwater, FL 33767

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x Cheri Gross
Signature of Petitioner or Representative (State title)
Cheri Gross
Name of Petitioner _____ Date Signed 10/19/07
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Cheri Gross
403 Oak Square
San Antonio, TX 78216

x [Signature] 11/2/07
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Owen Clinical Services, LLC.
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Vickie Owen
8623 Trailwood Ave
Baton Rouge, LA 70810

x _____
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

PETITIONING CREDITORS

| | | |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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| Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. | | Total Amount of Petitioners' Claims |

continuation sheets attached

Official Form 5 (10/06) - Cont.

Care Biopharma, LLC

Name of Debtor

Case No.

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x
Signature of Petitioner or Representative (State title)
Blum & Associates of Clearwater, Inc.
Name of Petitioner Date Signed
Name & Mailing Diane Blum
Address of Individual 195 Devon Drive
Signing in Representative Capacity Clearwater, FL 33767

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

x
Signature of Petitioner or Representative (State title)
Cheri Gross
Name of Petitioner Date Signed
Name & Mailing Cheri Gross
Address of Individual 403 Oak Square
Signing in Representative Capacity San Antonio, TX 78216

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

x *Vickie B. Owen*
Signature of Petitioner or Representative (State title)
Owen Clinical Services, LLC. 10-20-07
Name of Petitioner Date Signed
Name & Mailing Vickie Owen
Address of Individual 8623 Trailwood Ave
Signing in Representative Capacity Baton Rouge, LA 70810

x *[Signature]* 11/12/07
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

| | | |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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Official Form 5 (10/06) - Cont.

Name of Debtor
Case No.

Care Biopharma, LLC

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Diane Blum President
Signature of Petitioner or Representative (State title)
Blum & Associates of Clearwater, Inc. 28 Oct 07
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Diane Blum
195 Devon Drive
Clearwater, FL 33767

x [Signature] 11/12/07
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Petitioner or Representative (State title)
Cheri Gross
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Cheri Gross
403 Oak Square
San Antonio, TX 78216

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Petitioner or Representative (State title)
Owen Clinical Services, LLC.
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Vickie Owen
8623 Trailwood Ave
Baton Rouge, LA 70810

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--------------------------------|-----------------|-----------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |

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Total Amount of Petitioners' Claims

continuation sheets attached

Official Form 5 (10/06) – Cont.

Care Biopharma, LLC
Name of Debtor
Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x
Signature of Petitioner or Representative (State title)
Sanborn Consulting, LLC
Name of Petitioner _____ Date Signed _____
Name & Mailing
Address of Individual Margaret Sanborn
Signing in Representative 40053 Tilbury Drive
Capacity Palmdale, CA 93551

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title)
Whalen Consulting, LLC
Name of Petitioner _____ Date Signed _____
Name & Mailing
Address of Individual Evelyn Whalen
Signing in Representative 10 Old Hope Creek Path
Capacity Durham, NC 27707

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title)
Austin International Clinical Trial Monitoring, LLC
Name of Petitioner _____ Date Signed 19-OCT-07
Name & Mailing
Address of Individual Scott White
Signing in Representative 10485 Highgate Manor Ct.
Capacity Duluth, GA 30097

x
Signature of Attorney _____ Date 11/12/07
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--|-----------------|-------------------------------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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Official Form 5 (10/06) - Cont.

Name of Debtor

Case No.

Care Biopharma, LLC


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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x  10/21/07
Signature of Petitioner or Representative (State title)
Sanborn Consulting, LLC

Name of Petitioner Date Signed

Name & Mailing Margaret Sanborn
Address of Individual 40053 Tilbury Drive
Signing in Representative Capacity Palmdale, CA 93551

x  11/12/07
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Petitioner or Representative (State title)
Whalen Consulting, LLC.
Name of Petitioner Date Signed

Name & Mailing Evelyn Whalen
Address of Individual 10 Old Hope Creek Path
Signing in Representative Capacity Durham, NC 27707

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Petitioner or Representative (State title)
Austin International Clinical Trial Monitoring, LLC
Name of Petitioner Date Signed

Name & Mailing Scott White
Address of Individual 10485 Highgate Manor Ct.
Signing in Representative Capacity Duluth, GA 30097

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--------------------------------|-----------------|-----------------|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
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Total Amount of Petitioners' Claims

continuation sheets attached

Official Form 5 (10/06) – Cont.

Care Biopharma, LLC

Name of Debtor

Case No. _____

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x
Signature of Petitioner or Representative (State title)
Sanborn Consulting, LLC

Name of Petitioner Date Signed

Name & Mailing Margaret Sanborn
Address of Individual 40053 Tilbury Drive
Signing in Representative Palmdale, CA 93551
Capacity

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

x Evelyn Whalen, owner
Signature of Petitioner or Representative (State title)
Whalen Consulting, LLC. 26-Oct-2007
Name of Petitioner Date Signed

Name & Mailing Evelyn Whalen
Address of Individual 10 Old Hope Creek Path
Signing in Representative Durham, NC 27707
Capacity

x
Signature of Attorney Date 11/13/07

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Petitioner or Representative (State title)
Austin International Clinical Trial Monitoring, LLC
Name of Petitioner Date Signed

Name & Mailing Scott White
Address of Individual 10485 Highgate Manor Ct.
Signing in Representative Duluth, GA 30097
Capacity

x
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

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